

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/762633
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
AL	6		6				TOTAL						
AL	6		13				IND.						
AL	12		1				DEP.						
IMS							TOTAL						
							CLAIMS						